

INDIANA DEPARTMENT OF HOMELAND SECURITY

302 W. Washington Street Room E-208 Indianapolis, IN 46204 **Leadership for a Safe and Secure Indiana**



Certification Prerequisite Validation

You are about to take a **Trench Rescuer-Operations** Written

Examination. In order to be eligible to receive certification in this category you must meet the prerequisites listed in 655 IAC 1-2.1 adopted by the Board of Firefighting Personnel Standards and Education.

Please indicate below by checking the appropriate box that you meet the prerequisites:

| Certification Prerequisite | Yes | No |
|---|-----|-----|
| Are you at least 18 years of age? | | |
| Are you an Indiana resident or engaged in the delivery of emergency services? | | |
| Are you certified at the Hazardous Materials Awareness level? | | |
| Are you certified at the Hazardous Materials Operations level? | | |
| Are you certified at the Vehicle/Machinery Rescuer-Awareness level? | | |
| Are you certified at the Vehicle/Machinery Rescuer-Operations level? | | |
| Are you certified at the Confined Space Rescuer-Awareness level? | | |
| Are you certified at the Confined Space Rescuer-Operations level? | | |
| Are you certified at the Rope Rescuer-Awareness level? | | |
| Are you certified at the Rope Rescuer-Operations level? | | |
| Are you certified at the Trench Rescuer-Awareness level? | | |
| Are you trained to the Mandatory Firefighter level? | | - |
| Are you certified at least at the Indiana Medical First Responder level? | | *** |

If you place a mark in any of the "yes" boxes above and it is later found out to not be an accurate statement of fact – the written test will be invalidated.

If you have checked the box marked "NO" to either of these questions STOP.

By checking "NO" you are not eligible to take the written examination.

Do not proceed with taking this test as it will be invalidated.

"By placing my signature below, I attest, under penalty of perjury that my answers above are true and accurate.

| Student Signature | Date |
|-------------------|------|
| | |
| | |
| | |

This form shall be completed and signed by the student and returned to the proctor with the written examination.

The proctor shall collect these forms and return them to the Certification section with the written examinations.

Certification website www.in.gov/dhs

Certification Phone 800-666-7784

Email psidquestions@dhs.in.gov

District Fire Training website www.indianafiretraining.com